Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/625,837 TRANSMITTAL Filing Date July 22, 2003 For FY 2005 First Named Inventor Charles H. Reynolds Hal Ira Kaplan Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2836 TOTAL AMOUNT OF PAYMENT 405.00 Attorney Docket No. 512-001620US METHOD OF PAYMENT (check all that apply) Money Order None X Other (please identify): <u>Deposit Account</u> Check I Credit Card Deposit Account Name: Quine Intellectual Property Law Group, P.C. Deposit Account Deposit Account Number: 50-0893 For the above identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authroization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (S) Application Type_ Fee (\$) Fee (S) Fee (\$) Fee (S) 300 200 100 Utility 150 500 250 200 50 130 65 Design 100 100 **Plant** 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 0 0 0 0 Provisional 200 100 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (S) Fee Description 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 360 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims Fee (S) Fee Paid (\$) _ - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total daims paid for, it greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) _ - 3 or HP = ____ HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereor. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets **Total Sheets** Round up to a whole number) x - 100 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): ____ Other: Request for extension of time 510225 Other: Information Statement Disclosure 180

SUBMITTED BY	11	11611			
Signature		Tel M	Registration No.	36,579	Telephone 510-388-1089
Name (Print/Type)	108	Stephen J. LeBlanc			Date 22 JUN 07

Other: _ Other:

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